

MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

BEST AVAILABLE COPY

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1	1				
10		1				
11		1				
12		2				
13		2				
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15		2				
16		2				
17		2				
18		1				
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21		2				
22		2				
23	1					
24		1				
25	1					
26		4				
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31	1					
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TOTAL IND.	6					
TOTAL DEP.	52					
TOTAL CLAIMS	58					
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